

INSTRUCTIONS FOR REINSTATING YOUR UTILITY FOREMAN LICENSE

***If your license has been expired for more than 3 years, you must complete an Application for Reinstatement by Re-qualification.**

1. Complete the application on the front of this form. Sign and mail the form with the fee of \$70.00 made payable to the "Georgia Construction Industry Licensing Board."
2. An incomplete or unsigned application will be returned, and your application will not be considered until the completed application and fee have been received.
3. Record your license number on your check or money order. Do not send cash. Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to **O.C.G.A.** 16-9-20, and the application will be considered incomplete.
4. You may submit a name change with your reinstatement application. A name change must be submitted in writing, accompanied by supporting legal documentation (i.e., copy of marriage license, divorce decree, court order).
5. You may update your mailing address with your reinstatement application. Please indicate if this is a new address.
6. If you have a conviction or board disciplinary action, attach a certified court record or board disciplinary order.

NOTE: In addition to reporting convictions and pleas on this application, license holders are required to report to the board any felony or drug-related conviction within 10 days of the date of the conviction.

**GEORGIA STATE CONSTRUCTION INDUSTRY LICENSING BOARD
DIVISION OF UTILITY CONTRACTORS**

237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-1416 [Telephone]
(478) 207-1425 [Fax]

www.sos.state.ga.us

Do Not Write In This Section

RECEIPT # _____

AMOUNT _____

APPLICANT # _____

DATE _____ INITIAL _____

**APPLICATION FOR REINSTATEMENT
UTILITY FOREMAN LICENSE
FOR LICENSE LAPSED LESS THAN 3 YEARS**

IS THIS A NEW ADDRESS? YES _____ NO _____

LICENSE NUMBER UF _____

NAME: _____
Last First Middle

SOCIAL SECURITY NUMBER: _____
[For Identification, Law Enforcement, Statistical and Administrative Purposes]
O.C.G.A. 19-11-1 and 20-3-295

DATE OF BIRTH: _____
Month/Day Year

MAILING ADDRESS: _____
Street City State Zip Code

IF YOUR MAILING ADDRESS IS A P.O. BOX

YOU MUST LIST A PHYSICAL ADDRESS: _____
Street City State Zip Code

BUSINESS ADDRESS: _____
Street City State Zip Code

HOME PHONE: () _____ CELL PHONE: () _____ FAX: () _____

BUSINESS PHONE: () _____ E-mail: _____

Please answer the following questions

1. Have you: (1) been convicted of a misdemeanor (other than a minor traffic violation?) in the last 5 years; (2) ever been convicted of or entered a plea of guilty, nolo contendere, or under "First Offender Act" on a felony. DWI and DUI are not considered to be minor offenses.

_____ No _____ Yes

(If "yes," submit a certified copy of the court records and disposition.)

2. During the last 5 years, has any disciplinary action been taken against you by any state board or any other regulatory board?

_____ No _____ Yes

(If "yes," submit a copy of such action with your application.)

I am applying for reinstatement of my state Utility Foreman License. By signing below, I authorize the Board to receive from any criminal justice agency any criminal history information regarding me. Under perjury, I swear or affirm that the information that I have provided in this application is correct to the best of my knowledge.

Signature of licensee: _____

Date: _____